

SPECIAL PERMIT REVISION APPLICATION FORM

You must complete this application if you wish to amend the terms of a previously issued Special Permit. The Zoning Board of Appeals (or the Planning Board, if they are the Special Permit Granting Authority for the subject property) will determine if your proposal constitutes a Minor or a Major Amendment. If your proposal constitutes a Major Revision, you will need to apply for a new Special Permit (see **SPGA Application Form**). If your proposal constitutes a Minor Revision, the Board will decide whether to approve or deny your proposal.

INSTRUCTIONS *Please read through all of the instructions carefully and be sure to complete all parts of the application fully.*

MINIMUM SUBMISSION ITEMS:

- 1) Please submit:
 - ☐ **Two (2) copies** of this application form;
 - ☐ **Two (2) copies** of scaled plans or drawings of proposal, if appropriate. Drawings should be no larger than 11" x 17" (tabloid size), unless necessary for legibility.
 - ☐ **Two (2) copies** of all attachments to the application form;
- 2) After you complete this form and put together your application, **call the Planning Department and make an appointment** to have your application checked for completeness.
- 3) The **FILING FEE** for Minor Revision applications is \$75.00. If the Board determines that your proposal constitutes a Major Revision, this fee will be deducted from your application fee for a new Special Permit. Please pay your **FILING FEE** in cash, or by check or money order payable to the "City of Somerville." You may wish to bring an extra copy of the completed application form for the Planning Staff to stamp for your own records.

PROPERTY: Provide the following for **ALL** property included in your project (attach additional sheets if necessary)

STREET ADDRESS(ES): _____

ASSESSORS' MAP/BLOCK/LOT #(S): _____

APPLICANT'S NAME: _____

Street Address: _____

City, ST, ZIP: _____

Contact Phone #: _____

Alternate Phone #: _____

Email (optional): _____

AGENT'S NAME: _____

Street Address: _____

City, ST, ZIP: _____

Contact Phone #: _____

Alternate Phone #: _____

Email (optional): _____

OWNER'S NAME: _____

Street Address: _____

City, ST, ZIP: _____

RECEIVED: _____

HEARING DATE: _____

DO NOT WRITE IN THIS BOX

PERMIT FOR WHICH REVISIONS ARE SOUGHT (Zoning Board of Appeals Case #): _____

PROPOSAL: Describe the revisions that you are proposing. If appropriate, refer to specific conditions attached to the original Special Permit. Attach additional sheets, if necessary.
